



**TESTIMONY OF  
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COMMUNITY OUTREACH AND PARISH NURSING  
SUBMITTED TO THE  
PLANNING AND DEVELOPMENT COMMITTEE  
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**HB 5583, AN ACT CONCERNING THE PAYMENT OF REAL PROPERTY TAXES BY  
CERTAIN INSTITUTIONS OF HIGHER LEARNING AND HOSPITAL FACILITIES**

My name is Daun Barrett. I am a registered nurse and Director of Community Outreach and Parish Nursing at Griffin Hospital in Derby. I appreciate this opportunity to submit testimony concerning **HB 5583, *An Act Concerning The Payment Of Real Property Taxes By Certain Institutions Of Higher Learning And Hospital Facilities***.

As a nurse who has worked for more than 40 years in a variety of healthcare settings, from hospitals to long-term care and now in the community, I join Griffin Hospital and other Connecticut hospitals in opposing this bill. I also urge the General Assembly to keep the current tax exemption and payment in lieu of taxes (PILOT) funding structure in place, which recognizes the critically important role hospitals play in their communities.

As a community health nurse, my colleagues and I work to extend the reach and impact of Griffin Hospital well beyond its walls, accounting for approximately 40,000 community contacts each year. We strive to improve the health of our community by providing a host of health education, preventive health screenings, and wellness programs. We make referrals to hospital and community resources, support groups, and, when necessary, primary and specialty care services.

We also provide and properly fit hundreds of free bicycle helmets while educating kids on bike and pedestrian safety. Through our Safe Kids Chapter's designated Car Seat Clinic, we inspect and install hundreds of infant and booster car seats each year. And we reach thousands of kids in our community with a variety of health & safety topics, including pedestrian safety, drug, alcohol, and smoking prevention programs, as well as infection control, poison prevention, CPR Anytime, and other programs that deliver critical safety and preventive health messages.

In four decades of nursing, I've seen what happens when these programs don't exist, both in the acute care and long-term settings. Kids with traumatic brain injuries from biking without a helmet; elderly patients for whom nursing home care is now the only option because of a stroke that may have been prevented; and hospital patients suffering with a chronic conditions that could have been better managed, but weren't, simply because there was a lack of community support, information, and resources that could have kept them independent, active, contributing members of their community.

I've also seen what can happen when hospitals like Griffin either provide these services, or serve as a liaison to connect individuals with other agencies and resources in our collective efforts to improve the quality of life in our cities and towns. Last year alone, these activities and more comprised the more than \$17 million in community



benefit that Griffin Hospital contributed to its community. That amount included the provision of nearly \$1.5 million in charity care, approximately \$11.1 million in subsidized care to patients covered by Medicare, Medicaid, and other public programs, \$2 million worth of health professions education to help prepare the next generation of caregivers, and nearly \$2.4 million worth of other community benefit activities and health services subsidies.

These statistics and a 10,000 foot view of our outreach activities are only part of the story, one which I'm sure others will join me in telling today. But as a nurse, I take this issue to heart, so I would prefer to share a few of my personal experiences in the time I have before you today.

I remember a mother who attended the annual Health and Safety Fair we coordinate with our local Boys & Girls Club and other community partners. At that event, she and her two children toured the "smokehouse" we built to teach kids and families what to do in the event of a fire. The next year, she came back to the same event to share with us how that knowledge "saved the lives of her and her two daughters," allowing them to escape unharmed when they awoke in the middle of the night to find their trailer on fire.

I remember the eight-year-old girl who learned about poison prevention in one of our school-based safety programs. A few weeks later, when her father picked up her new asthma prescription and gave her the pill to take, she refused, remembering what she learned about not taking any medications she wasn't familiar with or that didn't look right. She insisted that the pill wasn't the right one, and when her father called the pharmacy to confirm it was the right medication, learned that a mistake had been made filling the prescription. It was an adult, not a pediatric dose, and one that could have been fatal for that little girl.

I remember the middle school student who participated in our "CPR Anytime" program, and brought the instructional DVD home to teach the basics she learned to her parents and grandparents. When grandpa had a cardiac event a few months later, and her grandmother called 911, the dispatcher asked her if she knew CPR. "Only what I learned on the DVD," was her reply, and the grandmother proceeded to perform the chest compressions she learned until EMS arrived. Later, at the hospital when one of our ER doctors congratulated her on saving her husband's life, she replied, "I did the best I could." That day, it was enough.

With mounting financial burdens being imposed on hospitals by the state and federal governments, however, Griffin and other Connecticut hospitals are faced with tough choices to make about balancing their continuing level of commitment to community health and wellness -- which is seen by some as a luxury -- and meeting the many other critical needs of the community, such as keeping our emergency departments open 24/7 to care for patients when their doctor's office or the local outpatient urgent care centers are closed for the night, weekend, or holiday.

Make no mistake, just like that grandmother did, hospitals and their community outreach staff will continue to "do the best we can" with the resources we have available. But as I sit before you today, I have to wonder, thinking of that grandmother performing CPR, will it be enough? Is there a family that might not make it out of a fire if they're not exposed to that information? Is there a kid who will take the wrong medication and end up in the hospital, or worse? Or is there a granddaughter who will see an empty seat at her high school graduation because no one knew what to do when grandpa had a heart attack?

Will it be enough? That's the question that keeps me up at night. As a nurse, I don't wish insomnia on anyone, but I hope this question keeps you up tonight as you consider the bill before you today. HB 5583 will only take more resources away from the important work we do at Connecticut's hospitals.

As a community health nurse, I join Griffin and other Connecticut hospitals in urging you to keep the current tax exemption and PILOT funding structure in place. Thank you for your consideration of my position in opposition to HB 5583.

